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PROTECTION OF THE INSANE.

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NATIONAL ASSOCIATION

FOR THE

PROTECTION OF THE INSANE

AND THE

PREVENTION OF INSANITY.

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NATIONAL ASSOCIATION

FOR THE

PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY.

The evils of insanity have now attained such magnitude, that the organized institutions and devices are unable to cope with and control them. The number of those more or less insane, who either do not need to go to public institutions, or who cannot find room in, or be supported by them, is increasingly large, and for this great class there is no systematic supervision or guardianship.

There are multitudes of insane men and women in the United States for whom no special provision is made in the way of care and treatment. Occasional legislative and other investigations have brought to light the misery and suffering that this absence of special care and treatment has produced. Furthermore, even when it has been supposed that this has been secured by the establishment of State, county, and city insane asylums, these have sometimes failed of their purpose through mismanagement, or a misconception of the proper methods to be used. Thus there is room for organized effort to improve the condition of the insane. Again, inasmuch as each State has the exclusive control of the policy and the mode of management of the insane within its borders, it would seem as if such organization were desirable to unify the principle and the practices in the care and treatment in the United States generally. Two other organizations may perhaps be supposed to cover the same field with the new society.

The Association of Superintendents of Insane Asylums was established with somewhat similar ends in view. But this is strictly a professional and technical organization. It includes only the medical superintendents of insane asylums, and it is safe to say that their interest in the insane bears no greater proportion to the public interest in the same class, than their membership bears to the vast number of the insane under treatment, together with their families and friends.

The Conference of Charities, which has been working in the same direction, falls short of covering the whole field, in the fact that it is commensurate only with the States where Boards of State Charities exist, and also because its energies are scattered over the whole ground of the dependent and criminal classes. This National Association, then, by confining its labors to a single class, but the whole of that class in the United States, wherever situated, may reasonably hope to accomplish more in the line of its purpose than the others named, especially if coöperating with them in the general aims. It solicits, therefore, the general coöperation of all friends of the insane, and all interested in the subject, whether connected with the other organizations named, or among the public generally.

The fee for membership has been made very small, that all who receive this circular may be induced to connect themselves with the Society, and to receive and circulate the documents which may be issued by its publishing committee.

Organizations in the interests of the criminal classes in prisons have been long in existence, and have been successful; for this greater class of insane, who have all the criminal's punishments, deprivation of liberty without the criminality, there is at present in this country no organized supervision.

The object and scope of the NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY are perhaps sufficiently set forth in the Constitution which was adopted at the meeting for the organization of the Association, held in Cleveland, Ohio, July 1, 1880.

THE CONSTITUTION.

This Society shall be known as the NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY.

The methods by which the Society proposes to attain its end are:

First. By the encouragement of special and thorough clinical and pathological observations by the medical profession generally, as well as by those connected with asylums.

Second. By enlightening public sentiment as to the nature of the malady, the importance of early treatment, improved methods of management and treatment at home and abroad.

Third. By recommending an enlightened State policy, which, while neglecting no one of its insane population, shall so administer relief and protection as not to lay unnecessary or undue burdens upon the tax-payers.

Fourth. By holding public meetings, wherever needed, to stimulate legislation that will secure efficient State supervision of all public institutions for the care of the insane, as a mutual safeguard for the protection of society—the patients, as well as those who have them in charge.

Fifth. To further the perfection of laws relating to the treatment of the insane, and their rights while patients in the asylum.

Sixth. By efforts to allay the public distrust in relation to the management of insane asylums, by placing them on the same footing as that of other hospitals, both in the matter of freer communication with the outside world, and the privilege of a consulting medical staff of general practitioners.

The Constitution was amended so that it might be amended at any regular meeting by a vote of two-thirds of the members present.

We, the undersigned, form ourselves into a Society to be known as the NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY, under the following form of organization, subject to the ordinary rules of amendment:

BY-LAWS.

First. The officers of this Society shall be a President, Vice-President, Secretary, Treasurer, and a Council of not less than fourteen persons, including the above-mentioned persons, the members of the Council being chosen to represent as many of the States as possible.

Branch associations may be formed in the various States, and their presidents shall be *ex-officio* members of the Council, and their secretaries and treasurers shall be members of the parent organization.

The Council shall appoint such committees from their own members, and such agents and officers of the Association as the work to be done may require. Six members of the Council and thirty members of the Association shall form a quorum.

Second. Public meetings to awaken and increase a more general interest in the purposes of the Association shall be held at such times and places as the Council may appoint; and the Council, by the committee appointed among their members, shall elect persons, who shall be willing to accept the trust, to prepare and read essays on medical and social problems connected with insanity, and such essays shall form subjects of discussion at the meetings of the Association.

Third. Any person may be a member of this Association by paying two dollars annually to its Treasurer. Honorary members may be elected by the Council, who shall be exempt from assessments. 72

The Annual Meeting of the Association, for the choice of officers and the transaction of other business, shall be held at such time and place as the Council may appoint, and the same officers may prepare a code of by-laws for carrying out and governing the more specific details in the operation of the Society.

At this meeting the following officers of the Association were elected: H. B. WILBUR, M.D., Syracuse, N. Y., President; NATHAN ALLEN, M.D., LL.D., Lowell, Mass., Vice-President; MISS A. A. CHEVAILLIER, Boston, Mass., Secretary; GEORGE M. BEARD, M.D., New York, N. Y., Treasurer. not

There was also elected a Council of prominent individuals of the medical, legal, and other professions, representing many different sections of the country.

This Society already has a large number of sympathizers, including many distinguished citizens of the different States. It is desired to secure in each State some effective form of governmental supervision of the insane, both in and out of the hospitals and asylums, and to promote a scientific study of the subject in its various aspects—the causes, the treatment and prevention of insanity.

One of the most important of the many questions to which the Society must give attention, is that which relates to the prevention of insanity; and in the study of this subject, and in the diffusion of sound information in regard to it, the coöperation of physicians, both general practitioners and specialists in the diseases of the nervous system, is earnestly invited.

H. B. WILBUR, M.D., Syracuse, N. Y., *President.*

NATHAN ALLEN, M.D., LL.D. Lowell, Mass., *Vice-President.*

MISS A. A. CHEVAILLIER, 10 Marble St., Boston, Mass., *Secretary.*

GEORGE M. BEARD, M.D., 13 W. 29th St., New York, N. Y., *Treas.*

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Hon. VINCENT COLYER, Rowayton, Connecticut.
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Hon. R. L. LAMBERTON, *Pres't Lehigh Univ.*, Bethlehem, Pennsylvania.
J. C. HALL, M.D., Monroe, Wisconsin.
Hon. JOHN W. ANDREWS, Columbus, Ohio.

STATEMENT OF THE NEW YORK COMMITTEE.

In presenting his Paper, Dr. Beard made the following introductory remarks :

“ In the absence of Mr. Dorman B. Eaton, of New York, a member of our Committee, I have a double duty to perform,—at once to state very briefly what has been done by this Committee, and then to give our plan for the future. I shall speak of our object—the formation of a National Association for the Protection of the Insane and the Prevention of Insanity ; but, first of all, a word in regard to Dr. Shaw’s asylum, which I visited a short time since. I wish to speak in the highest possible terms of that institution. It is a noteworthy fact that the King’s County Asylum had a terrible reputation ; but this young man took hold of it and turned it from evil to good in a short time. Rev. Dr. Storrs, of Brooklyn, said it was the meanest asylum under Heaven. That was not strictly true, then, but it is true now that it is one of the best asylums in the world.

The Committee, of which I am a member, was appointed last winter by George William Curtis, Esq., who was the chairman of the Cooper Institute meeting which voted such a committee, for the purpose of introducing into this country, so far as possible, the English system of central governmental supervision, that has been referred to this morning and afternoon. Correspondents in England with whom I was acquainted, taking them all as they came, wrote to me recommending the principle of supervision as it has been carried on in England for years. The opinion of all these men, most of whom have charge of asylums, and who were under the central Board of Lunacy Commissioners, to whom they must report, — is unanimous that their supervision was a good thing, and that they would not go back to the old system before such a commission was formed. I speak of this because there has been, in some quarters, an opposition. A bill was introduced in the New York Legislature by our Committee, the object of which was to form a Lunacy Commission there by extending the powers of the State Board of Charities. The bill was defeated by a small majority, largely through the influence of a superintendent of one of the State asylums in New York.”

WHY WE NEED A NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE.

PAPER READ JULY FIRST, AT THE CONFERENCE OF CHARITIES AND CORRECTIONS, HELD AT CLEVELAND, BY DR. GEORGE M. BEARD, AS A DELEGATE TO THE CONFERENCE, AND REPRESENTATIVE OF THE NEW YORK COOPER UNION COMMITTEE ON ORGANIZATION OF A NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE.

While passing, the other evening, through a collection of flowers at an exhibition in New York, I observed a crowd looking at some geraniums. One who professed to be skilled in these matters, told me that the object of attention was a double white geranium which had only been developed within the last ten or fifteen years; if it existed before that time it had not been known in this country, at least to horticulture.

Diseases, like flowers, are developing, with each decade, new phases, presenting unheard of manifestations, the friction of our civilization. These new diseases, or new phases of old diseases, require new methods of attacking them. The increase of diseases of the nervous system (to which insanity in its different forms belongs) is a phenomenal and unprecedented fact in history; neither in the ancient nor the modern civilization have we any analogue or comparison to the rise and multiplication of mental diseases, during the past half century, in Europe and in America. The five distinguished characteristics of civilization during the past half century—steam power, the periodical press, the telegraph, the sciences, and the mental activity of woman (and to these one of my critics, in the London Journal of Science, adds a sixth, that is, the competitive examinations)—are not only all modern, but peculiar to this century, or, if they existed before, it was in embryo only. The competitive examinations of the Greeks were for skill and excellence in muscular feats, and in their great processions, it is said, the places of glory were awarded to those who were victorious in the games that required physical strength and training. The general worship of the intellect is all modern. For all these supreme advantages we must pay the full price, part of which is insanity and the nervous diseases of the family to which insanity belongs, and societies like this that is now to be organized.

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Not only have new forms of insanity arisen, but the actual number of the insane and the relative numbers to the population, are

much greater than fifty years ago; both in quantity and in quality there has been an evolution. New York is a great city, but the prospective insane population of this country must, in time, be far greater than that of New York at present. The armies that on both sides fought the war of the rebellion were enormous, but the army of the insane of the future is more likely to be greater than smaller. This continent is to be the home of five hundred millions, if not double that number, and unless forces, that we cannot now suspect, much less control, appear to our rescue, one out of every three hundred of this republic will be insane. At the time of the Declaration of Independence there was in these colonies a population of three millions; it is not wild to surmise that in the coming centuries there should be half of three millions insane in this republic.

This augmentation of the numbers of the insane, and this development of novel symptoms and forms of insanity, are most notably seen among the English speaking people. Insanity is a part of the cost of liberty; it is a tax on our freedom, that so many must be deprived of their freedom. In the great despotisms there is little need of societies for the protection of the insane; where the sane are all oppressed, the number of the insane has never been very great. The Czardom of Russia oppresses its subjects, but does not make them crazy, and the Turks, with all their weaknesses, are mostly sane. England, the spawning ground of empires, sends out her children through all the earth, carrying with them the seeds both of liberty and nervous disease. Liberty implies responsibility; responsibility leads to worry, and worry is attended always with disappointment. Out of the throes and agonies and manipulations and calculations of the last month, two men have been nominated for the supreme office of this nation, to the disappointment of thousands upon thousands of candidates, their followers and friends. A solid despotism and established religion are partly redeemed by this — that they keep the asylums empty; if we think for ourselves and govern ourselves, thousands must go down in the struggle. Nature knows nothing of disinterested benevolence; she never gives anything; she may often trust for a time, but sooner or later we have got to pay, principle and interest. As a philosopher has said, all progress is in waves — a motion without any advance.

The peculiar helplessness of the insane is a third and self-asserting reason for the formation of organizations for their pro-

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tection. We have societies for the prevention of cruelty to children, but the insane are children without their *naïveté*, their innocence or their sweetness; we have societies for the prevention of cruelty to animals, but insanity oftentimes reduces man below the grade and habits of the lowest animal; we have societies for relieving the condition of the poor, but insanity makes us poor, while poverty makes us insane; we have associations for the care of criminals and the amelioration of prisons, but the insane have oftentimes a worse than criminal's punishment, without his crime. We have health boards, local and national, for the warding off of fatal epidemics, but death, even at the hands of the foulest disease, is poetry compared with hopeless disease of the mind. Most of the evils of this world can be relieved, even when not cured, by money; as Richter puts it, "To a shower of gold most things are easily penetrable;" but the possession of money is sometimes the very temptation for the charge of insanity by interested heirs.

A fourth reason why this society should exist is, that it may help to bring about the principle of central governmental supervision of the insane, in or out of the asylums, through all the States of this Republic. More and more, each year, matters of minor import are becoming the objects of systematic official supervision; our banks, our insurance organizations, our churches and schools, our institutions of charity, are subordinate to some central authority, or authorities; only the insane, and they who care for them, are left wholly to themselves, in some States. Central governmental supervision, when carried out in this country, as for more than thirty years it has been carried out in Great Britain, will give assurance to the friends of sufferers, and to the people, that the insane in asylums, public and private, and at their homes, are treated wisely and kindly.

Central supervision will prevent outrageous cruelty, and the incarceration and imprisonment of the sane; central supervision will aid those who seek homes for unfortunates in finding precisely the institutions that they need; central supervision will help, among other forces, to elevate the standard of scientific study on all the great questions relating to insanity—theoretical and practical; finally, central supervision will protect the officers and managers of asylums themselves, who now stand right in range of artillery which is directed upon them from every quarter,

and against the assaults of which they themselves are powerless. If asylums were perfect, they could not prove themselves such to the satisfaction either of the people or of the medical profession ; if your friend is confined in any institution, and is treated judiciously and treated scientifically, you have no way of knowing that fact. In this most delicate of all questions we must walk by faith.

Another reason for the existence of such a society as this, is the necessity of raising the standard of thought and of treatment of the insane, both in and out of asylums. In no branch of science has there been, on the whole, progress more satisfactory, or more rapid, or more widely diffused, during the past twenty years, than in the study and management of diseases of the nervous system ; and of this progress the insane everywhere ought to partake far more freely than they do now. You say that this advance should be led wholly, and controlled exclusively, by students of the nervous system, but this is a matter in which every boot-black has an interest. The questions of insanity are not exclusively confined to experts in the nervous system ; politics come in, since the insane become wards of the State, and, in this country, politics means the people who make the laws, and men of science must partly work with and through the people, if they would advance this subject. Laws, among English-speaking people, are *results* more than causes ; legislators are servants, waiting on the table of the nation, and give us what they are ordered ; they do not have, and are not expected to have, any thoughts or suggestions beyond the will of their constituents. If any of the asylums are not as they should be, if too much money is given for the buildings and too little for the medical officers, if assistance is meagre and bad, if there is lack of accommodation, the people are the ones to be blamed ; the people are the persons to be addressed, and, so far as public institutions are concerned, only the people can bring the remedy. These are questions of knowledge, of confidence, and of money ; and the money will not come until it has been preceded both by knowledge and by confidence. You say "the asylums, the chiefs of asylums, and the national Association of Asylum Superintendents, should do this work," but this is not their business, and, were it so, they would be unequal to it. The force that makes the body grow comes from outside the body ; the elements that make a civilization must come, in part, from outside the race

that is civilized. If we had waited for jailers to reform the jails, or for prisoners themselves to organize a prisoners' association, or for our infants to have led the way in the formation of the society for the prevention of cruelty to children, or for domestic animals to have inaugurated institutions to keep them from being treated cruelly, we should not have been more unwise than to wait for asylums, their officers, their managers or their inmates, to lead and control the advance which is now being made in the study and treatment of insanity. In this rising flood of nervous diseases, asylums are themselves submerged and helpless, like unfortunate villages surprised by mountain torrents, and all who have strength should come to the rescue.

The subject of insanity is greater than asylums; it is greater than all institutions, public or private, that have been organized to meet and overcome this great evil. Asylums are, to the general subject of insanity, what hospitals in war are to the great battles going on in the front; they but receive those who have fallen in the ranks, and are to keep in the rear, while the lines of battle are far in advance and outside of them. The subject of insanity is greater than insanity itself, since all the diseases of the brain and the nerve system, by whatsoever names known, are related to each other, run into each other, and take each other's place. The man who only knows insanity, does not know even that; all the diseases of the nervous system are members, one of another, and are to be studied as parts of a great whole and in relation to each other. More and more I am persuaded, in the study of my cases of neurasthenia, or nervous exhaustion and allied states, that insanity, in the parent or grandparent, may appear in the offspring, near or remote, not as insanity, but in some milder form of neurosis, of which neurasthenia is a type and centre. I have thought that, in this way, one of the problems of insanity is solving itself; that there is a tendency to self-cure running through the generations, perhaps with increasing mildness of nerve trouble in the place of increasing severity, and that possibly, in some families, there would be in the next generation less nervousness than now.

A sixth mission of this society will be to obtain from every source, and diffuse through all ranks of intelligent society, a knowledge of all the branches of the subject. That insanity, for example, is a disease of the nervous system, and a physical disease, as much as small-pox or a broken leg, is a truism among neuralo-

gists, but it is not a truism among the people. Like witchcraft, like astrology, like alchemy, the delusion that disease of the mind is something separate from the body, lingers all along our hillsides and in the valleys, and even on the mountain tops of our civilization; men run from an insane person as from one possessed of an evil spirit. *This society will have justified its existence if it shall succeed in doing nothing but this — in obtaining universal recognition of the fact that it is no disgrace to be crazy.* Through all the avenues of information we are to seek for light on this problem, — how to prevent insanity, how to reduce to a minimum the friction of modern life. The London critic, to whom I have referred, reminds us that, when the steam engine was introduced, it was supposed it would do all the work of the world and allow us to be idle; whereas, it has increased the world's work, and helped to increase nervous disease. This society will have justified its existence if it shall succeed in making it no longer discreditable to be manfully idle. A century ago, the problem was how to make everybody work; today, the problem is how to keep people from overworking; the children of the last generation were goaded and spurred into study; the children of this generation must be checked and restrained — kept back — held in from study. The details of the reform which is now beginning in the methods of education, belong in part to this society. We must give up either our sanity or our schools, as many of them are now managed. The whole English speaking race is facing the problems that are offered to this society; in England, even more than this country, at this very hour all these questions are raised and asked, and pressed with more force and persistence than here.

I close with three or four suggestions of a general character, that will apply not only to this organization, but to all organizations that have for their object the well-being of mankind.

First of all, we should beware of unintelligent philanthropy, that is, doing good at short range, relieving present evils by increasing those that are to come. No form of human energy so often fails in its purpose as philanthropy. Among the wisest words ever uttered are these: "Charity creates much of the misery that it relieves, but it does not relieve all the misery that it creates." Philanthropy in excess becomes cruelty, and, with a force and success that no tyrant can rival, heightens and deepens the miseries of mankind; doing good is easily turned to doing evil, and present distresses,

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when relieved, but enrich the soil out of which other and more terrible distresses are to arise. Talking on this subject the other day with one of our best known philanthropists, who for years has given largely and freely, — Mrs. Elizabeth Thompson, of New York, — I asked her if her experience confirmed my scientific deductions that philanthropy was too often a mistake. She said, “Yes, it has taken me all my life to learn this. I can but feel that I have, on the whole, done more evil than good in what I have given away. I have denied myself to give to others; to find, in return, not only ingratitude, but failure. I see no way of helping the poor but to make the poor help themselves.” Philanthropy is not wise in attempting to walk alone; she needs the support, on the one hand, of science, on the other, of philosophy.

A second suggestion is, that we do not depend too much on law. Even in a monarchy, laws cannot be very far ahead of the people, and in a republic they are but the expressions of the wishes or fancies of the majority. The enacting of laws, therefore, even those most necessary and imminent, as those that relate to the central governmental supervision of the insane, may be among the last stages in this advance on the subject of insanity. We are in the habit of running to the law and burying our heads in it, and crying like children, whenever we are in trouble, forgetting that legislators are themselves but children, whom we, the people, are to educate and command. The principle of central supervision of the insane by government is to prevail on this continent from the Atlantic to the Gulf, but not until thousands of messages have gone forth among the people, as so many school-masters, to train them to desire and ask for, and appreciate, such legislation.

Finally, we are not to look for the completion of our labors as soon as they are begun. All nature is but a process of preparation; results are but means to higher results; nothing is final and complete; what we call preparation may be far more useful than the end for which we prepare.

In all organisms, each layer of growth is the pathway for a higher growth; our very reformations need themselves to be reformed, and the consummate issue may flash out suddenly after long and hopeless delay. We bury the seed, the plant breaks through the surface, a huge trunk is developed that sends its branches farther and higher, and clothes itself with richer and richer foliage, year by year, and the buds appear; but, as yet, no fruit or flower; we go away for a night, and on our return our barren tree is alive and eloquent with blossoms.

In these United States of America, it requires on the average from five to fifteen years for a new and unpopular truth, if it have practical relations, and be wisely engineered, to become old and popular. Those whose faith will allow them to wait for a decade, will see this movement, begun in doubt and gloom, pass into and through the early twilight into the clearness and glory of the morning.

SPECIAL SESSION ON LUNACY.

Thursday Afternoon, July 1.

The President, at the opening of this Session, said that it was held for the purpose of hearing what a committee from New York, represented by Dr. G. M. Beard, Dr. E. C. Seguin and Miss A. A. Chevallier, have to present in respect to the important subject of lunacy. He then introduced Dr. Seguin, who read the following paper:

THE PRACTICABILITY AND VALUE OF NON-RESTRAINT IN TREATING THE INSANE.

PAPER READ JULY FIRST, AT THE CONFERENCE OF CHARITIES AND CORRECTIONS, HELD AT CLEVELAND, BY DR. J. C. SHAW, AS A DELEGATE TO THE CONFERENCE, AND REPRESENTATIVE OF THE NEW YORK COOPER UNION COMMITTEE ON ORGANIZATION OF A NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE.

Mr. Chairman, Gentlemen and Ladies:—I am not here to present to you an historical sketch of the subject of non-restraint in the management and care of the insane, but to direct your attention briefly to the practical part of the subject; and to demonstrate that it is practicable and beneficial, observations have been made in the King's County Insane Asylum, which is under my direction. Several papers have been presented to this Conference at its meetings during the past six years, some treating the subject pretty exhaustively. Among them are the papers by Dr. H. B. Wilbur, Dr. J. L. Bodine and Mr. F. H. Wines. There are also papers by Drs. Folsom and Bucknill on asylums in America, to all of which I refer you.

On taking charge of the asylum, not two years ago, I found a large number of patients in restraint-jackets, straps and seclusion. On inquiring why certain male patients were in restraint, I was told by the attendants and the assistant physician, who was then in charge of the wards, that they were bad, vicious patients, who would injure the nurses and other patients. Some of these patients had been in restraint for months, and even for years. On considering the situation of things, and the best way of reducing this very high ratio of restraint, I observed that the patients, whenever they were in the presence of the attendants, showed by the expression of their faces evident dislike to them; and, as the nurses stoutly insisted that these patients could not get

along without restraint, I saw that if I took the apparatus off in these halls, and with these nurses, I should certainly be unsuccessful, as there soon would be a collision between the patients and their nurses. I therefore removed the patients into other halls, with nurses comparatively strangers to them, and then took the apparatus off. This proved to be a complete success, and patients who had been in continued restraint, night and day, for months, and even for years, now got along so quietly that I sometimes wondered why they had ever been put in restraint at all. The restraint on the female side was less than on the male side, and this was due to the greater intelligence of the assistant in charge. Here also we adopted the same plan, with like success. Simultaneously all the restraint apparatus was taken from the halls where previously it had been kept (for the nurses to apply at their discretion), to the office, so that it could only be applied by direction of the medical staff; the restraint to be for such a length of time as they directed, and then returned to the office and a record kept of it. In this way we reduced the restraint to about five patients in 700. This proved to be so successful and satisfactory to all the staff, as well as to myself, that I determined to have no restraint apparatus at all, for then none could be used. So I had it all burnt, and I do not exaggerate when I say that there must have been *three hundred* pairs of restraint apparatus, straps, camisades, etc.

The only thing that now could be used was seclusion, and this was strictly watched, and its use, without permission, made an offence punishable by dismissal; hence, we had little use made of it. I must speak of one woman on whom we bestowed much thought. She is very large, tall and stout, weighing at least two hundred and fifty pounds; she had been in seclusion for years, and her food was handed in to her; she was at times a very quiet patient, and at others violent; she was in the charge of a good nurse, who used to take her out in the evening, when she was quiet, and allow her to walk up and down the hall; she would strike other patients if she became angry, and, from her size, was quite a terror. My assistant, Dr. Arnold, was determined to find a way of keeping her out in the hall with the rest of the patients. She had been in seclusion so long that it really became a matter of judicious management how to have her out associating with the other patients, and have no continued quarrels and fights; but at

last he succeeded, and now she moves about the hall with the other patients, and dines in the associated dining-room.

I must now beg you to consider what has been accomplished under great disadvantages; as is well known, county asylums have far less facilities than State asylums. We have over 700 patients, on an average one attendant to 15 patients, no grounds to speak of, except an airing court; and a comparatively low diet. This system of non-restraint is of the best possible effect on the patients; they are less violent and more contented. We do not find, as has been alleged, I believe, that it is more irritating to the patients to be under the control of the attendants than it is to have the apparatus on them, but just the reverse. Patients dislike very much to be tied up in any kind of apparatus; if the attendants treat them courteously and with consideration, but with firmness, there need be no ill feeling or resentment on the part of patients. A great deal can be accomplished without force. As soon as we find that a patient takes a dislike to a nurse, and cannot get along with him or her, we remove the patient. We find that since the abolition of the restraint we hear and see less of violent patients than we did with the restraint; and we certainly have fewer scuffles between patients and attendants, and no more instances of patients hitting each other than we had when it was in vogue.

Now, as to how this system is to be carried out in any asylum; and, if you please, let us take an asylum under the worst possible circumstances, and containing a great many patients. It has been said by an expert German psychologist and neurologist, that when the non-restraint system was introduced into the *Charité-Krankenhaus* at Berlin, every attendant had to be dismissed; I hardly think this would be necessary in America, but if it were, why, let us do it. I here quote a passage from the paper of Dr. Bodine: "~~The attendant is the weak point in the non-restraint system.~~ The natural impulse of the average attendant is to treat the patients entrusted to his care 'like dumb, driven cattle,' but well chosen attendants, being treated by their superior officers with kindness, consideration and humanity, will thus be prepared to extend the same law of human kindness to their afflicted and often perverse charges. The superintendent always gives tone to his whole institution, and the insane unconsciously assimilate the character of their surroundings and associations very much as

children do. The attendant will never be more careful and considerate of the interests and welfare of the patients than his superior officers are." This is a correct statement of the relation of the officers to the attendants and patients.

I did not find it necessary to dismiss any of my attendants to carry out the non-restraint plan, but they were given to understand that it had to be carried out, and no harshness would be tolerated; and they were closely supervised. Attendants, as a rule, will very soon do what they find the superintendent intends to carry out, without vacillation. One thing is absolutely necessary, however, and it is that the assistant medical officers should be in entire accord with the superintendent; in this I have been most fortunate. Dr. John Arnold and Dr. John S. Woodside, my two senior assistants, have been just as anxious and zealous in carrying it out as I have been myself, and to them a great deal of credit is due.

Closely connected with this matter of non-restraint is the employment of patients; these two go together. The employment of patients means the abolition of restraint apparatus; the plan of keeping patients day after day and month after month in a hall, is, in my judgment and observation, highly detrimental to their mental health; even the demented become more stupid under these circumstances. With the limited ground and facilities at my command, I have been able to do comparatively little in my asylum, but I hope and believe it will compare well in this with other asylums having ampler facilities and grounds. I succeeded in having placed at my disposal about sixteen acres of garden. On this we have occupied many of our male patients, whilst others made roads, etc. The non-restraint and occupation of patients are, in our experience, most efficient means of treatment. Patients who appeared almost hopelessly insane, recovered while out of doors working; others recovered much faster than they otherwise would have done.

At first a number of patients ran away, but after a while, as they became more accustomed to being out and had more freedom, the runaways became less and less. The patients like to go out, and they ask to be allowed to do so; of course, a few refuse to do anything. The employment of women is more difficult, as we cannot so easily give them the outside work, in the way of gardening, that we do men; sewing, housework and employment in the laundry are mostly the occupations that they can engage in.

From what I have seen of this increased freedom among our patients, I am convinced that a great deal of freedom can be allowed them, and I do not think that it is at all exaggerated by the English and Scotch superintendents. I have become more and more convinced that the occupation of these patients is a most important element in treatment, and in the happiness of those who are incurable. Had I the ground that surrounds some of the State asylums I could get almost every one of my patients out to work. I am sure that a great deal can be done with a short allowance of attendants; this need be no excuse; there are many patients in every asylum who are almost as good as nurses, and will help to keep the others in order.

I regret very much that there is such a lack of public confidence in asylum management. This, I am convinced, plays a certain part in obstructing the progress of changes. I mean the ill feeling which is entertained by ignorant persons. I do not mean intelligent criticism, but the ignorant friends and relatives of patients in asylums—these, I say, are obstructions to improvements. I believe I do not speak unadvisedly; for instance, I have had persons make complaints and tirades against me because I employed patients in gardening and other out-of-door work. In one instance the aunt of a young man was highly indignant because her nephew worked in a garden, and she demanded that he should be removed from the work. The young man was sent to his work at his own request. When he was sent for and asked if he wished to remain in the hall where he was and continue to work in the garden, or be sent back to the hall he was in before, he said that he did not wish to be moved. His aunt then protested that he was nothing but an insane boy and did not know what was good for him, lamented that he was all sunburnt, and said that he had no business to work, and she would see about it. I, of course, gratified the young man, and positively refused to change him; he was in a hall where the door was always open, and he could go in and out as he pleased. At another time, the grand jury of the county inquired of a judge if they could indict a superintendent for making insane persons work. Now, it requires some courage on the part of superintendents to change the old routine under this kind of tyranny and interference; a man who is timid, yields rather than subject himself to this and similar annoyance; but he who does so must be a man who has

little feeling for his patients, and is satisfied to go through his halls and see them as prisoners, rather than unfortunate creatures needing care and kindness. It becomes the duty then, in my opinion, of such bodies as this, and other philanthropic bodies and individuals, to instil into the public mind the importance of a change in the present system of keeping the patients shut up, which is almost universally done in American asylums. Patients in asylums are not half as insane as some persons suppose them to be; a great deal can be trusted to most of them, and a greater amount of liberty allowed them.

This very brief communication is brought before this Conference to prove that the non-restraint system is quite practicable in America, notwithstanding the opposite has been stated.

THE RIGHT OF THE INSANE TO LIBERTY.

PAPER READ JULY FIRST, AT THE CONFERENCE OF CHARITIES AND CORRECTIONS, HELD AT CLEVELAND, BY DR. E. C. SEGUIN, AS A DELEGATE TO THE CONFERENCE, AND REPRESENTATIVE OF THE NEW YORK COOPER UNION COMMITTEE ON ORGANIZATION OF A NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE.

"The true principle to guide our practice should be this, — that no one, sane or insane, should ever be entirely deprived of his liberty, unless for his own protection or for the protection of society." HENRY MAUDSLEY.

1874
It is fair to say that in the present state of psychiatry in America, to be pronounced insane by physicians, by a judge, or by a jury, means imprisonment for months, for years, or for life. To put it in another way, there is a disease which reduces its victims to a level with persons accused of crime, and exposes them to loss of liberty, property and happiness.

Is this just? Is this worthy of a country like ours, which aims to be foremost in works of philanthropy, and preëminent as regards individual liberty?

Let us review the facts of medico-legal practice in the State of New York, on which these statements rest.

1. A man has acute mania, he becomes unmanageable at home, is dangerous to himself and to others. This man is summarily placed in a carriage, taken to an asylum and locked in, without any process of law. Before a certain time has elapsed after his reception (five days), certificates duly executed before a judge of a court of record must be furnished to the superintendent of the asylum as a justification for further detention.

Viewed without prejudice, this course seems the only one which can be pursued, and consequently we deem it right. For to wait many hours or several days for all the legal forms of commitment to be executed, might endanger the life of the patient or of those about him. Still it must be remembered that such cases of very severe acute mania are rare. In most cases a delay of twenty-four hours can do no harm.

2. The same patient recovers in greater part; he becomes quiet, and, with the exception of an occasional false notion and a degree of mental enfeeblement, is like most well men. Yet by virtue of the power of the original commitment this man is kept confined to the asylum, he is yet a prisoner. If he wishes to walk, or to breathe fresh air, or to attempt some little outdoor work,

doors must be unlocked to let him pass, and when he returns to his room or ward he is locked in for the night. And this stage of partial recovery may last almost indefinitely. The sole power of discharge rests in the judgment and hands of a single man, the superintendent; the patient is practically under a most singular form of tyranny for any enlightened state to permit to flourish.

No matter how scientific or how good a man the superintendent may be, I hold that this degree of authority, of uncontrolled authority over the liberty of citizens, ought not to be allowed.

3. The same sort of a case, *i. e.*, one of acute mania, terminates unfavorably. The delirium is transformed into a group of more or less fixed delusions, kept up by hallucinations; the memory and judgment are fatally impaired,—in other words, secondary dementia is established. If, as in innumerable cases now in asylums, the delusions of the patient are not delusions of persecution, or of any other form likely to lead to an outbreak of violence or destructiveness, is it right to keep this patient in the more or less costly and elegant prisons we call asylums?

Why should not these remains of a man enjoy freedom under a certain supervision? Why should he not be allowed to go and come as he pleases and to have what little pleasure there remains for him in life?

Let us make a further supposition, which is perfectly in accord with cases daily observed. If this harmless dement has property of his own, why should not this property be used to provide him with a suitable mode of life, and expended in reasonable amount for his benefit? There is good reason to believe that many such patients are kept in asylums, private or public, indefinitely, unprovided with the luxuries or quasi-luxuries to which they are entitled. After a few years of patience on the part of the relatives, and of more or less conscious misery on the part of the patient, the disease ends in death, and the carefully preserved property of the deceased is duly apportioned among heirs.

4. A woman drifts through domestic trouble, semi-starvation, into a state of cerebral mal-nutrition and anæmia; delusions of a melancholic type appear, together with a depression and sadness which cannot be reacted against.

Is it right to imprison such a woman, to place her actually under lock and key for months?

In some cases I am willing to admit that it is justifiable, but in the majority of cases I believe that such a procedure is unjust,

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morally and legally, and decidedly opposed to the patient's recovery.

To decide which cases belong to the former category and which to the latter, and to judge when a given case passes from one category into the other, requires, I admit, careful observation and ripe judgment, but no more, I am prepared to maintain, than do many other problems in medicine and surgery which are decided every day in our midst with average good success.

5. Cases of primary dementia occur frequently in both middle-aged and old people. Many such patients are simply foolish, but quite harmless. Why are they sent to asylums, except for safe keeping, because of the lack of relatives, or because of pecuniary inability of friends to take care of the deteriorating member of the family; or lastly, pretty often, I fear, because of unwillingness to keep the patient at home?

In all these three categories I believe that confinement under the present asylum system is unjustifiable, legally and morally.

What right have we to bar a man's window and keep him all day, or part of the day, for months and years, under lock and key, because he is simple or foolish, or, to put it technically, demented?

The pauper insane of the harmless demented class must, I suppose, be aggregated in institutions, preferably under medical supervision, if not medical control, but have we not the right to demand that these unfortunates shall have the maximum of personal liberty consistent with safety to themselves and others; that they shall be both employed and amused in an inexpensive manner? Must we not remember that so long as any reason survives, perhaps longer, the animal capacity for simple enjoyment persists? How many hundred chronic insane in this nation are quite capable of enjoying a game of cards or dominoes, bowling, a pipe of tobacco, etc., in comparative freedom, under a surveillance that need not at all resemble the present prison-like manner of watching patients in asylums?

6. Epileptic and hysteric patients are rarely detained in asylums without justification. I have had personal knowledge of such cases.

The alleged cause of certification originally, and of unlimited detention afterward at the request of relatives, is some psychical disorder which, in a majority of cases, is temporary, and quite as much under the control of a physician as of a superintendent.

I do not, let it be clearly understood, mean to say that such cases should not be sent to institutions, but I protest most energetically against their commitment to prison-like asylums, to their forced association with the insane, and their subjection to the imperfect medical treatment which obtains in most asylums.

Removal from home often does much good in these diseases, and is a *sine qua non* to recovery in certain cases of hysteria; but from this statement to the present evil practice of judicial commitment and locking up there is a vast gulf—a gulf as deep and wide as is the great human right to personal liberty.

I do not mean to refer in detail to a last class of cases, viz., those in which a sane person is fraudulently imprisoned as insane under our present imperfect laws.

I firmly believe that such cases are extremely rare, and from my personal knowledge of many of the superintendents of insane asylums, I do not believe that any of those gentlemen would for one moment countenance such a procedure.

I trust that I have made myself understood.

With many others, some of them to be cited further on, I believe:

(a) That a large number of the inmates of asylums could be taken care of with open doors and unbarred windows, and, of course, without restraining apparatus.

(b) That many insane now confined in our asylums could be trusted almost implicitly to go and come at will; could be given nominally remunerative occupation, and, above all, could be provided with simple amusements suited to their stations in life (and I do not refer to costly stereopticons, or the solitary billiard table, or the lectures, to which superintendents now refer with so much complaisance).

(c) That the phases of insanity should be watched more closely, with especial reference to early discharge of a patient; to his transfer to another institution; to the amount of liberty allowed him, etc. And I do not think it safe to leave this power wholly in the hands of the superintendent.

(d) That the time has come to look around and attempt in this country the English and Scotch plan of placing harmless insane persons singly in the families of farmers, and of others willing to undertake the task under frequent and efficient visitation.

There is not, I dare say, a single county in the State of New York where a number of harmless chronic, or even sub-acute,

cases of insanity might not be safely and *happily* treated or kept in families, and where a good, yet just and firm country doctor, could not be found to visit a dozen or more of these patients occasionally and unexpectedly, and keep a strict watch over their health and happiness, reporting fully to the State Commissioner or Commissioners of Lunacy, or to a special general inspecting official.

There are, I have reason to believe, many families who would much prefer to keep their insane in this manner, at a reasonable cost, who are made to shudder at the mere mention of an asylum, whose long and desolate corridors they see in imagination, whose locks and keys they almost think they can hear, and whose deteriorating influences upon patients they more than half suspect.

While expressing the above views I also desire to state just as clearly my belief that certain cases of insanity, more especially acute mania or melancholia, all psychosis accompanied by homicidal, suicidal or marked destructive tendencies, should be placed, as quickly as the law will allow, in confinement. But even here we may implore that the confinement may be made as easy as possible for the unfortunate patient, who is, contrary to public prejudice, just as much a sick man as if he had phthisis or a chronic ulcer; and that all the barbarous means of corporeal restraint, such as cribs, jackets, straps, etc., shall be radically done away with as asylum implements; as a part of the nosocomial *armamentarium*, and only applied by express directions of the medical officer in exceptional cases, very much in the same way as we resort to heroic medication or surgical procedures in general practice.

If you will pardon a simile, I would say that I look upon restraining apparatus in the treatment of insanity very much as upon the lancet in the treatment of general diseases. The sight of restraining apparatus in an asylum seems to me as demoralizing and uncalled for, as would be the carrying of a lancet and the celebrated palette by a physician of today in his hospital visit. Bleeding is generally condemned, and so is physical restraint of the insane, excepting in this country, and yet I will not deny but that once in a while, under peculiar circumstances, both phlebotomy and restraint are justifiable. Let us join in the hope that before many years both procedures will be equally rare.

I desire to close this essay by reference to the opinions of much abler men, and much more expert specialists than myself upon this subject. And I believe that the gentlemen whose views I am

to quote are so eminent in their specialty that the most bigoted defender of our present prison system of asylums cannot question their right to be considered as foremost authorities.

Dr. Henry Maudsley, who has held almost every possible official position in relation to insane administration in England, and who is justly regarded as one of the most distinguished European alienists, expressed himself as follows, years ago: I quote from the second edition of "The Physiology and Pathology of the Mind" (London, 1868):

"To be a lunatic, as public sentiment goes, is to be cut off socially from humanity. With such feeling prevalent with regard to the insane, can it be thought possible that the treatment, at present sanctioned by general approbation, should be the most just and humane possible? The feeling is one which cannot be justified, and the system which it inspires cannot be just. That system is the system of indiscriminate sequestration — of locking up a person in an asylum simply because he is mad.

"Now, I believe this practice to spring out of an unjust feeling, as already said, and to be founded on false principle, as I shall now endeavor to show. The principle which guides the present practice is that an insane person, by the simple warrant of his insanity, should be shut up in an asylum, the exceptions being made of particular cases. This I hold to be an erroneous principle. The true principle to guide our practice should be this: that no one, sane or insane, should ever be entirely deprived of his liberty, unless for his own protection or for the protection of society." (pp. 494, 495.)

"I venture, indeed, to affirm in opposition to it, that there are many chronic and incurable insane persons, neither dangerous to themselves nor to others, who are at present confined in asylums, and who might as well be at large." (p. 495.)

"Another objection to the liberation advocated will be, that the insane in private houses will not be as well cared for as they are, nor have any more comfort than they now have, in well-conducted asylums. The quarter from which this objection is urged taints it with suspicion; I never heard it put forward but by those who are interested in the continuance of the present state of things. Those who make it, appear to fail entirely to appreciate the strength of the passion for liberty which there is in the human breast; and as assuredly there are but very few persons

who would not infinitely prefer a garret or a cellar for lodgings, with bread and water only for food, to being clothed in purple and fine linen, and faring sumptuously every day as prisoners; I can well believe that all the comforts which the insane person has in his captivity are but a miserable compensation for his entire loss of liberty, that they are petty things, which weigh not at all against the mighty suffering of a life-long imprisonment." (pp. 496, 497.)

② "For the reasons adduced, I cannot but think that future progress in the improvement of the treatment of the insane, lies in the direction of lessening the sequestration and increasing the liberty of them." (p. 501.)

"Not the least of the evils of our present monstrous asylums, is the entire impossibility of anything like individual treatment in them." (p. 502.)

→ "Indeed, I cannot help feeling, from my experience, that one effect of asylums is to make some permanent lunatics. * * * And I can certainly call to mind more than one instance in which I thoroughly believe that the removal of a patient from an asylum was the salvation of his reason." (p. 503.)

Our distinguished countryman, Dr. Samuel G. Howe, everywhere known for his philanthropic efforts, enters a noble protest against the unnecessary restraint of lunatics by confinement to asylums, in the Sixth Annual Report of the State Board of Charities of Massachusetts, for 1869. I quote:

X "Yes, disguise it as we may, we do keep under unnecessary restraint and in a sort of slavery, a multitude of unfortunates who sigh for liberty, and to whom it would be very sweet. Their appearance of quiet and their seeming acquiescence are oftentimes utterly deceptive. Bewildered, doubtful of their own power of self-guidance, half conscious of insanity, still they know enough to know that the whole power of society holds them in its grip, and they resign themselves in despair." (p. lxxxvii.)

"It would be folly to deny that restraint by walls, by iron sashes, by oaken doors and by constant guard is necessary for a certain class of patients under our mode of treatment. But it is equal folly to maintain that it is necessary for all, or for nine-tenths; and if not necessary, upon what ground can we defend our violation of a right which the lunatic never forfeited?

"It is sinful and criminal to abridge unnecessarily the freedom of

an innocent man; and it is, moreover, cowardly and cruel to abridge that of an unfortunate lunatic." (p. lxxxix.)

In the next place I quote from G. Fielding Blandford's work on "Insanity and its Treatment" (London edition, 1870, American edition, 1871). He says:

"Doubtless, you have all heard of the moral treatment of insanity, ~~but shutting a man up in an asylum~~ can hardly be called moral treatment." (p. 379.)

"In asylums they dwelt from year to year, a few walking beyond the premises, but none sleeping beyond, or going to any places of amusement like ordinary men. Now, from all asylums patients are sent to the sea-side, to the theatre, the picture galleries, and each proprietor vies with his fellows in providing recreation and entertainment for his patients — in proving, in fact, how little they need the restraint of an asylum." (p. 383.)

[The above passage applies only to a special class of private asylums in Great Britain, but its bearing on the general question is obvious.]

"As the last generation did away with the fetters and mechanical restraint used in asylums, so let the present release from the restraint of an asylum all those capable of enjoying a larger amount of liberty and a freer atmosphere than that in which they now fret and chafe." (p. 385.)

Dr. John Charles Bucknill is known to the profession in this country as an eminent authority upon the topic in hand.

He has this spring given us in book-form the series of papers on Lunacy Law Reform which appeared in the British Medical Journal in 1879. The purpose of these papers is mainly warfare upon the private or proprietary asylums as they flourish in England, but scattered throughout the volume are numerous passages proving how thoroughly Dr. Bucknill, after a most varied experience with the insane and with asylums, coincides with Dr. Maudsley in the opinion that for many cases of insanity or mental unsoundness confinement to an asylum, subjection to asylum routine, and deprivation of liberty and social enjoyments are cruel, and legally unjustifiable.

I quote a few sentences only:

"Custom-blindness (which is more than color-blindness, because it blurs the outline of things as they are) often leads official people to associate unsoundness of mind with detention under care and

treatment as correlative if not identical conditions ; but with the general public it is not so, and still less with the medical profession, and still less again with that of the law." (pp. 25-26.)

" * * * And, therefore, it would appear to be imperative to a proper certification of a lunatic for detention in an asylum that the reasons for which such detention is needful should be fully stated upon the face of the documents, and distinguished from the facts which simply indicate lunacy." (p. 26.)

"But it is not merely the happy change which takes place in confirmed lunatics when they are judiciously removed from the dreary detention of the asylum into domestic life, it is the efficiency of the domestic treatment of lunacy during the whole course of the disease which constitutes its greatest value, and of this the author's fullest and latest experience has convinced him that the curative influences of asylums have been vastly overrated, and that those of isolated treatment in domestic care have been greatly undervalued." (p. 114.)

"Many a suicidal patient can live as safely with two faithful and skilful attendants in a villa or cottage as in any asylum, and in the free air he will walk or drive, employ or amuse himself in various ways, and recover without the asylum brand or the asylum danger of falling more and more into subjective ways of thought and shunting into the sad list of incurables." (p. 116.)

The PRESIDENT (Dr. Wilbur): In connection with this paper I will make a single observation. When in London the last time, I visited the Bedlam Hospital of centuries ago, an endowed institution of a semi-private character, where they are able to take patients from what are called the middle classes, and among other patients in it are many infirm actors and actresses, and as an act of grateful recognition on the part of the profession for the kindness vouchsafed by that institution, complimentary tickets are often sent to it ; and on the morning of my visit, while present with the officers, a list was made out of those in the institution who should be selected to attend the theatrical performance of the evening.

The PRESIDENT (Mr. Sanborn) : I will now read a letter from one of the oldest lawyers and philanthropists of Massachusetts — Mr. Samuel E. Sewall, of Boston — whose ancestor — Chief Justice Sewall — was one of those judges who sentenced the Salem witches to death, and, some years after, stood up in church on Sunday and repented publicly his great sin in that matter. The letter makes a valuable suggestion for the Conference to consider :

Boston, June 25, 1880.

DEAR MISS CHEVAILLIER :

The circular in regard to a "National Association for the Protection of the Insane," with the invitation to attend a meeting of the Conference of Charities, was duly received. I certainly desire to be enrolled as a member of such an association, if one be formed. I had intended to write some remarks respecting the laws regulating lunatic hospitals, but I have been so pressed by urgent affairs that I gave up the design. One point, however, I hope you will bring before the meeting. It is the importance of having a full abstract made of the laws of all the States regarding lunacy. It is a laborious task, but when done it cannot fail to be highly useful. Among the immense mass of crude and unwise legislation there cannot fail to be found some valuable suggestions for future reform, — a few ounces of gold in a ton of stone. Could not a committee be appointed to undertake this work, and also the same, or another committee to prepare annually a summary of all important facts to be gathered from the reports of the lunatic hospitals throughout the United States, in a tabular form, or otherwise; and to collect from them useful ideas for reform? I cannot act on any committee, but throw out these thoughts for your consideration.

I am very glad you are to be at the meeting in Cleveland. It makes me feel sure that something will be done.

Yours, very truly,

S. E. SEWALL.

